

CJA 23  
Rev. 5/98

## FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE CASE OF Roosevelt Archie vs United States

FOR AT

LOCATION NUMBER     

PERSON REPRESENTED (Show your full name) Roosevelt Archie

CHARGE/OFFENSE (describe if applicable & check box) TRICK COCAINE POSSESSION  Felony  Misdemeanor

DOCKET NUMBERS

Magistrate
District Court <u>04cr30004</u>
Court of Appeals

1  Defendant—Adult  
2  Defendant - Juvenile  
3  Appellant  
4  Probation Violator  
5  Parole Violator  
6  Habeas Petitioner  
7  2255 Petitioner  
8  Material Witness  
9  Other

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed					
	Name and address of employer: _____					
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment _____ How much did you earn per month? \$ <u>42001 8/220</u>				
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____					
ASSETS	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED _____ SOURCES _____				
PROPERTIES	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____				
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	VALUE _____ DESCRIPTION _____				
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____		
		DEBTS & MONTHLY BILLS (INCLUDE ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME _____	Creditors _____	Total Debt _____	Monthly Paymt _____
					\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Roosevelt Archie